

INCOME APPLICATION FOR FDCH

Sponsors participating in the CACFP must qualify Tier 1 day care homes using school data, census data, or provider income. Mixed tiered homes can also fill out income applications. **The eligibility information is confidential for each participant and must be kept on file. The information is considered valid for one calendar year from the date of the parent/guardian/client signature.** The State Agency recommends that sponsoring organizations obtain income information as a part of the enrollment process.

Sponsor must provide the Income Applications to the providers. Providers who want to claim their own children must fill out and submit an income application. All income applications must be reviewed for completeness by the sponsor. **The determining official must sign and date in order for the application to be deemed complete.**

The State Agency will review income applications to ensure that the applications have been completed and the participants are correctly classified. If verification reveals that the application has inaccurately been classified or that numbers of enrolled participants have been incorrectly reported, the State Agency will require a corrected claim.

Q. What does a completed application require?

A. If the participant is from a family **not** receiving Supplemental Nutrition Assistance Program (SNAP) or Kentucky Transitional Assistance Program(K-TAP), the completed application must include the participant's name, birth date, list of all household members, last four digits of the social security number* of the head of household, and income by source. The application must be signed and dated by the parent/guardian.

or

B. If the participant is from a family receiving SNAP or K-TAP, the completed application must include the participant's name, birth date, SNAP or K-TAP number and must be signed and dated by the parent/guardian.

Please ensure that any SNAP/K-TAP numbers reported are the actual case numbers, not the amount received or the SNAP EBT number.

Q. If the family is unable to complete the income application due to a physical or mental disability, illiteracy, or language barrier, can the sponsor complete it?

A. In such a case, the sponsor may complete the application and the parent/guardian and/or client should make an "X" to indicate that the sponsor has completed the application on their behalf. The staff member must initial and date the income application and indicate why the parent/guardian/client could not complete the form without assistance.

Note:

For participants of Child Nutrition Programs, Section 9 (d)(1) of the National School Lunch Act requires that, unless the child's SNAP or K-TAP case number is provided, the last four digits of the social security number of the household member signing the statement or an indication that the household member signing the statement does not possess a social security number must be provided. Provision of a social security number is not mandatory, but if the last four digits of the social security number are not provided or an indication is made that the adult household member signing the statements does not have one, the statement cannot be approved. The last four digits may be used to identify the household member in carrying out efforts to verify the correctness of information on the statement.

Instructions for completing the Child Care CACFP Income Application

Parent/Guardian Section

1. **Child Information**-Please **print** the name(s) of the participant(s) (Last Name, First Name) and Birthdate on the lines below. Please ensure ~~the~~ names listed on the Income Application match the names on the Enrollment Form.
2. **Program Benefits**-If the participant receives funding from **SNAP** or **KTAP**, please list the entire case number next to the participant's name and birthdate, then **skip Section 3** and **sign Section 4**. If the participant is under **Kinship** care or a **Foster** child, please mark the appropriate box.
3. **Household Members and Monthly Income**-Please list any other members of the household (Adults, Children) not listed above and their **Monthly** income. *This section must be completed for all participants.*
4. **Signature and Social Security Number**-Please read the statement, "I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws." If the information provided in the previous sections are accurate and true, then sign, give the last 4 digits of your social security number and date. If you do not have a Social Security Number, please check the corresponding box. Finally, print your name, list home and work phone numbers and home address.
5. **Participant's ethnic and racial identities (optional)**-Please indicate participant's ethnic and racial identities.

Sponsor Section

1. Indicate how participant's eligibility will be determined by checking the corresponding box for **SNAP/K-TAP**, **Foster/Kinship Care** or **Income Household**. If **Income Household** is used to determine eligibility, total incomes and Household Size from Section 3 and place the numbers on the appropriate blanks.
2. If the participant is receiving **SNAP**, **K-TAP**, **Foster** or **Kinship Care** the participant is automatically eligible as **Free**. If the participant is not receiving any outside support then the household income must be used in order to determine eligibility. Once eligibility has been determined using the **Income Eligibility Guidelines**, mark Tier 1 or Tier 2.

Dear Parent/Guardian:

Young children need healthy meals to learn. This letter is intended for parent or guardians of children enrolled at either a child care center or a family day care home. _____ offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care.

Please help us comply with the requirements of the CACFP by completing the attached income application as soon as possible. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

The completed form will be placed in our files and treated as confidential information. All children in our program receive their meals free of charge, but the determination of eligibility category affects the amount of federal funding received by the provider. If your household's income is equal to or less than the amounts indicated for your household's size on the chart below, the provider will receive a higher level of reimbursement.

1. **Who should I include as members of my household?** You must include all people in your household (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children who live with you.
2. **How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.
3. **What if I have foster children?** Foster children are eligible for free meals regardless of the income of the household with whom they reside.
4. **The Kinship Care Program** operates under similar guidelines as that of foster care but the children are placed with family members. Under the Kinship Care Program, the state has custody of the child(ren) until permanent placement takes place (about 2 years later).
5. **We are in the military; do we include our housing and supplemental allowances as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. All other allowances must be included in your gross income.

In the operation of child feeding programs, no person will be discriminated against because of race, color, nation origin, sex, age or disability.

If you have questions or need help, call _____ at _____

Revised FY2015-2016
INCOME ELIGIBILITY SCALE

Income Guidelines for Free/Reduced Price Meals Effective July 1, 2015-June 30, 2016		
Household Size	Reduced Price Meals	
	<i>Monthly</i>	<i>Yearly</i>
1	\$1,815	\$21,775
2	\$2,456	\$29,471
3	\$3,098	\$37,167
4	\$3,739	\$44,863
5	\$4,380	\$52,559
6	\$5,022	\$60,255
7	\$5,663	\$67,951
8	\$6,304	\$75,647
For each additional family member add:	\$642	\$7,696

PRIVACY ACT STATEMENT: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the provider tier 1 or tier 2. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservation (FDPIR) case number for the Participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the provider is tier 1 or tier 2, and for administration and enforcement of the program.

Non-discrimination Statement: "The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider and employer."

Sponsor Representative

Phone Number

If you have questions about the CACFP and its administration, you may contact Deanna Tackett, Division Director at 502/564-5625 or at the following address: School and Community Nutrition, Kentucky Department of Education, 500 Mero Street, Frankfort, KY 40601

**KY Child and Adult Care Food Program Income Application
2015-2016 FDCH**

This form must have all sections complete in order for this provider to qualify for reimbursement for meals served to your participants.

*For SNAP and K-TAP benefit information, please include the entire case number and skip section 3 then sign section 4.

1. CHILD INFORMATION (print)

Name of Child (Last, first)

Birthdate

2. PROGRAM BENEFITS

SNAP#

K-TAP#

Kinship

Foster

1.

☐

2.

☐

3.

☐

4.

☐

5.

☐**3. HOUSEHOLD MEMBERS AND MONTHLY INCOME:**

NAMES OF HOUSEHOLD MEMBERS Including Children Not Listed Above	GROSS MONTHLY INCOME From Work (Before Deductions)	MONTHLY Income From Welfare Payments, Child Support, Alimony	MONTHLY Income From Pensions, Retirement, Social Security	Any Other MONTHLY Income Including Money Received from Kinship/Foster Child
Last, First				
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$

4. SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

X

Signature of Adult Household Member

X

Last four digits Social Security Number*

☐ No Social Security Number

X

Date

Printed Name _____ Home Telephone No. _____ Work Telephone No. _____

Street/Apt.No. _____ City/State/Zip _____

5. Participant's ethnic and racial identities (optional) Mark one ethnic identity: _____ Hispanic or Latino _____ Not Hispanic or Latino

Mark one or more racial identities: _____ Asian _____ White _____ Black or African American _____ American Indian or Alaska Native

_____ Native Hawaiian or Other Pacific Islander

FOR SPONSOR USE ONLY. DO NOT WRITE BELOW THIS LINE.

☐ SNAP/K-TAP Household

☐ Tier I

☐ Foster/Kinship Care

☐ Tier II

☐ Income Household:

Total Household Monthly Income: _____

Household Size: _____